Department of Defense

DIRECTIVE

NUMBER 6000.12

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Administrative Reissuance Incorporating Change 1, January 20, 1998

ASD(HA)

SUBJECT: Health Services Operations and Readiness

References: (a) Title 10, United States Code
(b) Title 37, United States Code
(c) DoD 6010.13-M, "Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities," October 1995, authorized by this Directive
(d) DoD 5025.1-M, "DoD Directives System Procedures," August 1994, authorized by DoD Directive 5025.1, June 24, 1994
(e) through (*r*), see enclosure E1.

1. PURPOSE

This Directive:

1.1. Establishes policy and assigns responsibilities under references (a) and (b) for matters related to health services operations and readiness, including, but not limited to, medical manpower, medical personnel, medical compensation, military medical training, medical logistics, *patient movement* and the Armed Services Blood Program (ASBP). Detailed procedures on the above matters, as required, shall be prescribed in DoD Instructions and policy memoranda.

1.2. Authorizes the publication of reference (c), consistent with reference (d).

1.3. Designates the Secretary of the Army as the DoD Executive Agent for the ASBP Office (ASBPO).

1.4. Replaces references (e) through (*r*).

2. APPLICABILITY

This Directive applies to the Office of the Secretary of Defense, the Military Departments (including, for supplemental healthcare, the Coast Guard when it is not operating as a Military Service in the Navy by agreement with the Department of Transportation), the Chairman of the Joint Chiefs of Staff, the Combatant Commands, the Inspector General of the Department of Defense, the Uniformed Services University of the Health Sciences (USUHS), the Defense Agencies, and the DoD Field Activities (hereafter referred to collectively as "the DoD Components").

3. DEFINITIONS

Terms used in this Directive are defined in enclosure E2.

4. POLICY

The following is DoD policy:

4.1. Entry Grade Credit.

4.1.1. The award of Service credit to any person being appointed, assigned, or designated as a "health professions officer" in any of the Military Departments shall be equitably determined and uniformly applied throughout the Military Departments.

4.1.2. Credit for prior service as a commissioned officer (other than as a commissioned warrant officer) shall be granted to recognize previous military experience, while maintaining cognizance of the level of professional (technical) expertise.

4.2. Active Duty Service Obligation of Health Professions Officers.

4.2.1. The minimum term of service for first-term personnel fulfilling an active duty obligation shall be two years following internship for physicians and three years for other health professions officers. The minimum term is not additive to active duty obligations incurred for education or training. Prior active duty service and internship or any other initial qualifying training program (e.g., psychology or dietetic internship) may not count toward fulfilling that requirement.

4.2.2. Participants of the F. Edward Hébert School of Medicine at the USUHS and the F. Edward Hébert Armed Forces Health Professions Scholarship Program and Financial Assistance Program (AFHPSP and FAP) shall incur an active duty obligation, as specified in Sections 2114 and 2123 of 10 U.S.C. (reference (a)), respectively.

4.2.3. Active duty obligations for Graduate Professional Education (GPE) for physicians, dentists, and veterinarians shall be specified by the Assistant Secretary of Defense for Health Affairs (ASD(HA)).

4.3. The F. Edward Hébert AFHPSP and FAP.

4.3.1. The number of persons who may be designated as members of the program shall not at any time exceed 5,000. Persons enrolled in the program shall not be counted against any other prescribed military strength.

4.3.2. Program eligibility shall be in accordance with Section 2122 of 10 U.S.C. (reference (a)). Participants shall be appointed as O-1s in the Reserve Components, unless eligible to hold a higher grade under other statute.

4.4. Medical Special Pays. Special pay authorities for medical department officers shall be administered in accordance with Sections 301d., 302, 302a., 302b., 302c., 302d., 302e., 303, and 303a of 37 U.S.C. (reference (b)) and in a fiscally responsible manner that will assist in attracting and retaining the number and the quality of health professions officers needed in the Military Departments.

4.5. Medical Training.

4.5.1. Comprehensive systems for providing, assessing, and monitoring medical skills training essential for all military personnel shall be developed and sustained.

4.5.2. Medical training of active duty and Reserve component personnel, medical and nonmedical, shall be structured to achieve medical readiness that shall ensure the maximum effectiveness of those personnel to provide essential medical support during military operations.

4.6. The ASBP. The ASBP shall be a single, integrated, blood products system composed of the Military Departments' and *the Combatant* Commands' blood programs. That program shall ensure, to the maximum extent possible, the provision

of all blood and blood products to DoD Component medical treatment facilities (MTFs) for both peacetime and wartime. The ASBP shall be coordinated by the ASBPO, a joint DoD field operating agency, subject to the authority, direction, and control of the Secretary of Defense. The ASBPO shall coordinate with the Chairman of the Joint Chiefs of Staff on all program related operational matters. The Secretary of the Army, through the Surgeon General, shall serve as the DoD Executive Agent for the ASBPO. The Director of the ASBPO shall communicate directly with Government and civilian agencies involving blood and related items. The ASD(HA) shall implement policies for the ASBP through ASBPO, maintaining maximum standardization of procedures and equipment. The ASBP shall adhere to the manufacturing practices and regulations published by the U.S. Food and Drug Administration and the American Association of Blood Banks Standards. The readiness posture of the program shall be maintained through an active voluntary blood donor program, an adequate blood products storage and distribution program, a comprehensive blood training program at all personnel levels, a dedicated blood research and development program, and an aggressive involvement in joint exercises.

4.7. Department of Defense Medical Standardization Board (DMSB). The DMSB, a joint DoD activity, shall provide policy and standardization guidance relative to the development of deployable medical systems and medical materiel used for the delivery of healthcare in the Military Health Services System.

4.8. Medical Expense and Performance Reporting System (MEPRS). A uniform expense and manpower reporting system shall be maintained in all fixed MTFs and dental treatment facilities to provide standardized expense and manpower data for management of healthcare resources. DoD 6010.13-M (reference (c)) outlines provisions for reporting MEPRS data.

4.9. National Disaster Medical System (NDMS). The NDMS, a joint Federal, state, and local mutual aid organization, shall respond to the healthcare requirements of a U.S. national emergency, a major U.S. domestic disaster, or a conventional military conflict involving U.S. Armed Forces. The NDMS is activated by the ASD(HA) for support of military contingencies when casualties exceed the combined capabilities of the Department of Veterans Affairs and DoD contingency care system. The NDMS may be activated by the Director of Federal Emergency Management Agency or the Assistant Secretary of Health, Department of Health and Human Services, in response to a U.S. domestic disaster, and the DoD Components shall participate in relief operations to the extent compatible with U.S. national security.

4.10. Military-Civilian Health Services Partnership Program. Military and

civilian healthcare resources shall be combined, through the implementation of the Military-Civilian Health Services Partnership Program, to improve the cost-effectiveness of the DoD healthcare delivery system. Beneficiaries of the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) shall receive inpatient care and outpatient services through the CHAMPUS from civilian personnel providing healthcare services in MTFs and from Uniformed Service professional providers in civilian facilities. That policy applies when the MTF is unable to provide sufficient healthcare services for CHAMPUS beneficiaries.

4.11. DoD Policies for Planning Fixed Military Health Facilities. The Department of Defense shall provide quality healthcare for active duty military personnel, their dependents, and other authorized personnel; provide sufficient military health facilities to maintain the combat effectiveness of the military forces; provide for essential teaching and training of the military medical force; and ensure support for expanded missions during periods of mobilization or national emergency.

4.12. Supplemental Health Care Program (SHCP) (formerly Active Duty Claim Program).

4.12.1. The Department of Defense shall establish payment rules for the SHCP as they apply under CHAMPUS. The Director, Office of CHAMPUS (OCHAMPUS) shall assist the Uniformed Services in the administration of the SHCP.

4.12.2. Claims from inpatient or outpatient facilities for services rendered under the SHCP shall first be submitted on a claim form by the provider to the appropriate Service MTF and/or claims office. The MTF and/or claims office shall verify the active duty member's eligibility for services and validate that the claim should be priced under the SHCP. Before they are forwarded to the CHAMPUS contractor for pricing, claims shall be stamped with a stamp that reads "SHCP" and contain the MTF and/or claims office Defense Medical Information System code. The CHAMPUS contractor shall inform the MTF or claims office of the action taken on each claim. The MTF shall issue the appropriate payment to the institution or individual professional provider based on the pricing information provided by the CHAMPUS contractor.

4.12.3. The Department of Defense may authorize waivers to claim payments, as necessary, to ensure availability of healthcare services rendered under the SHCP. Pricing of claims under the SHCP may be accomplished at the MTF if the parent Service determines that the MTF has access to, and is proficient in, pricing claims using current CHAMPUS maximum allowable charges or other CHAMPUS

pricing data and guidelines. The Military Services shall reimburse OCHAMPUS for costs incurred for claims pricing and annual diagnosis related group pass-through costs of capital and direct medical education.

4.13. Patient Movement

4.13.1. *The Commander in Chief (CINC) of U.S. Transportation Command (USTRANSCOM) shall be the DoD single manager for patient movement, other than intratheater patient movement. Commanders of outside the continental United States (OCONUS) Combatant Commands shall be responsible for intratheater medical regulating and movement, and shall establish Theater Patient Movement Requirements Centers (TPMRCs) in their respective theaters.*

4.13.2. *The CINC, USTRANSCOM, shall:*

4.13.2.1. *Make recommendations, through the Chairman of the Joint Chiefs of Staff, to the ASD(HA) on the capability, capacity, characteristics, design, and other DoD policies that may be appropriate to implement this Directive.*

4.13.2.3. *Establish and maintain automated information systems (AIS) for medical regulating and movement, and provide standardized procedures for use of such systems by other DoD units and resource providers. The primary mission of the DoD patient movement system is to safely transport U.S. military casualities from the combat zone to fixed MTFs and/or field hospitals rearward in or out of the combat zone, as required. Other patients may be provided movement on a non-interference basis if the patient's medical condition, lack of local care, and patient movement costs warrant such movement.*

4.13.3. *CINCTRANSCOM shall establish and maintain the Global Patient Movement Requirements Center (GPMRC). The GPMRC will provide medical regulating and AE scheduling for the continental United States (CONUS) and intertheater operations, and provide support to TPMRCs. The GPMRC shall coordinate with supporting resource providers to identify available assets and communicate lift and bed requirements to providers. With the approval of the Combatant Commander of the destination theater, intertheater evacuations may be made directly from the supported combat theater to the MTFs of the destination theater.*

4.13.4. *Requests for medical regulating should be submitted to the appropriate Patient Movement Requirements Center after competent medical authority*

attests to the need to move the patient, and after the MTF commander determines that less expensive, acceptable quality care is not available locally. Patients will be regulated to the nearest appropriate MTF.

5. RESPONSIBILITIES

5.1. The Assistant Secretary of Defense for Health Affairs *under the Under Secretary of Defense for Personnel and Readiness,* shall:

5.1.1. *Supplement* policy in section 4., above.

5.1.2. Provide procedures and standards required to implement policy in section 4., above.

5.1.3. Ensure that the Director, *TRICARE Support Office (TSO), shall be responsible for contracting for health care services and obtaining appropriate reimbursement from the Services*:

5.1.3.1. *Provide policy and oversight for medical regulating*.

5.2. The Chairman of the Joint Chiefs of Staff shall coordinate with the ASBPO on all blood program plans and actions that involve military operations.

5.3. The Heads of the DoD Components shall:

5.3.1. Administer the policy in section 4., above.

5.3.2. Carry out the procedures and standards specified by the ASD(HA) in the implementation of policy in section 4., above.

5.3.3. Recommend policy changes to this Directive to the ASD(HA).

5.4. *The* Commander in Chief, United States Transportation Command, *as the single manager for patient movement, other than for intratheater patient movement, shall:*

5.4.1. Implment the policy in subsection 4., above.

5.4.2. Recommended policy changes to this Directive to the ASD(HA) via the Chairman of the Joint Chiefs of Staff.

5.5. The Secretary of the Army, as the DoD Executive Agent for the ASBPO, shall:

5.5.1. Manage the ASBPO and provide administrative support for its internal administrative operation including civilian personnel requirements, civilian personnel and security administration, inspection, space, facilities, supplies, and other administrative provisions and services, as required to ensure that the responsibilities of the ASBPO shall be properly discharged.

5.5.2. Program, budget, and finance the operational costs and staff of the ASBPO, except the pay, allowances, and permanent change of station travel of military personnel members and assigned staff that are the responsibility of the Military Department providing those personnel.

5.5.3. Fund for blood procurement from civilian sources including the costs of transportation to the appropriate Armed Services Whole Blood Processing Laboratory when overall military requirements exceed the organic capability of the Military Services.

6. EFFECTIVE DATE

This Directive is effective immediately.

John P. White
Deputy Secretary of Defense

Enclosures - 2

1. References
2. Definitions

E1. ENCLOSURE 1

REFERENCES, continued

(e) DoD Directive 1312.2, "Entry Grade Credit for Health Services Officers," October 4, 1989 (hereby canceled)

(f) DoD Directive 6000.2, "Minimum Terms of Service and Active Duty Obligations for Health Services Officers," April 8, 1988 (hereby canceled)

(g) DoD Directive 1340.8, "Special Pay for Dental Corps Officers," February 21, 1986 (hereby canceled)

(h) DoD Directive 1340.13, "Special Pay for Medical Corps Officers," July 23, 1988 (hereby canceled)

(i) DoD Directive 6025.12, "Use of Joint Healthcare Manpower Standards (JHMS)," March 21, 1989 (hereby canceled)

(j) DoD Directive 1215.4, "Medical Training in the Reserve Components," November 27, 1990 (hereby canceled)

(k) DoD Directive 6430.2, "DoD Medical Standardization Board," June 21, 1984 (hereby canceled)

(l) DoD Directive 6010.13, "Medical Expense and Performance Reporting (MEPR) System for Fixed Military Medical and Dental Treatment Facilities," February 3, 1986 (hereby canceled)

(m) DoD Directive 6010.17, "National Disaster Medical System (NDMS)," December 28, 1988 (hereby canceled)

(n) DoD Instruction 6010.12, "Military-Civilian Health Services Partnership Program," October 22, 1987 (hereby canceled)

(o) DoD Directive 6015.16, "Department of Defense Policies for Planning Fixed Military Health Facilities," April 15, 1986 (hereby canceled)

(p) DoD Instruction 6010.19, "Active Duty (AD) Claims Payment Program," April 26, 1991 (hereby canceled)

(q) DoD 6025.12-STD, "Joint Healthcare Manpower Standards," November 1989, authorized by DoD Directive 6025.12, March 21, 1989 (hereby canceled)

(r) *DoD Directive 5154.6, "Armed Services Medical Regulating," April 29, 1993 (hereby canceled)*

E2. ENCLOSURE 2

DEFINITIONS

E2.1.1. Active Duty. Full-time duty in the active Military Service of the United States. It includes full-time training duty, annual training duty, and attendance, while in the active Military Service, at a school designated as a "Service school" by law or by the Secretary of the Military Department concerned. Such term does not include full-time National Guard duty.

E2.1.2. TRICARE Support Contractor. *An organization with which TRICARE Support Office has entered into a contract that includes pricing claims for care received in a particular region.*

E2.1.3. Deployable Medical System. *A facility that is capable of being located in a desired or required area of operation during a contingency, war, or national emergency. Deployable medical systems are composed of fixed contingency hospitals and other than fixed contingency hospitals that are not operated during peacetime.*

E2.1.4. Graduate Professional Education (GPE.) Internships, residencies, and fellowships in their respective professional fields, only for medical, dental, and veterinary officers.

E2.1.5. Healthcare Resources. *Available manpower, facilities, revenue, equipment, and supplies to produce healthcare and services.*

E2.1.6. Health Professions Officers. Includes those officers serving in the Medical Corps, the Dental Corps, the Veterinary Corps, the Nurse Corps, the Medical Service Corps, the Army Medical Specialist Corps, the Biomedical Sciences Corps, officers whom the Secretaries of the Military Departments have designated as "qualified in specified healthcare functions," and those members in DoD programs leading to commissioning in, assignment to, or designation for service in any of those Corps.

E2.1.7. Medical Regulating. *A process that selects destination MTFs for Uniformed Services patients being medically evacuated.*

E2.1.8. Military Health Facility. *A military facility, or complex of facilities, capable of providing a level of health services or health service support commensurate with its mission and functions.*

E2.1.9. Patient Movement. *The act or process of moving a sick, injured, wounded, or other person to obtain medical and/or dental care or treatment. Decisions made in this process involve coordination between the sending MTF, the gaining MTF, and GPMRC/TPMRC.*

E2.1.10. Provider. *Healthcare professional or facility or group of healthcare professionals or facilities that provide healthcare services to patients.*

E2.1.11. Reserve Components. As defined in Section 101(c) of 10 U.S.C. (reference (a)), the Reserve Components include the Army National Guard of the United States, the Army Reserve, the Naval Reserve, the Marine Corps Reserve, the Air National Guard of the United States, and the Air Force Reserve.

E2.1.12. Supplemental Health Care Program (SHCP). The program that provides payment to civilian (non-Government) healthcare providers for care given to active duty members of the Uniformed Services and certain other MTF patients for whom healthcare services are ordered by an MTF provider who maintains full clinical responsibility for the episode of care.